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CONFIRMATION NO. 5402

<b>SERIAL NUMBER</b> 10/519,492	<b>FILING OR 371(c) DATE</b> 06/16/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b> 2590-108
<b>APPLICANTS</b> Christian Mathieu, Le Brassus, SWITZERLAND; Frederic Heimgartner, Martigny, SWITZERLAND; Kamel Besseghir, Lausanne, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CH03/00437 07/02/2003 <b>EB</b>				
<b>** FOREIGN APPLICATIONS *****</b> none <b>-EB</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <b>Z-B-LAD</b> <b>EB</b> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 23117				
<b>TITLE</b> Implant inserting device				
<b>FILING FEE RECEIVED</b> 630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	